

Assessment of Practice of GNM Students on STD/AIDS in Karnataka

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Abstract

Since nursing students would become future practicing nurses and are most likely exposed to caring for people living with HIV/AIDS (PL WHA) during their training, it is of great importance to assess the knowledge, attitude, and practice of student nurses toward the reduction/ removal of HIV/AIDS-related stigma and discrimination. The design selected for this study was a Cross sectional Descriptive study design. The sample size of the present study compressed of 1000 from ten different schools of nursing. Only final year of diploma nursing students from each of four zones (e.g.: North, East, West & South) in Bangalore, Karnataka District. Non-probability purposive sampling technique was used for selecting sample for this study. Practice, It shows, majority 59.0% of them were moderate level of practice, and those who had poor practice were 34.2% and 6.8% had adequate practice. This association is compared to the level of practice, majority of them were moderately significant, adequate practice was significantly less. So, they have to practice more at clinical. The stated research hypotheses (H3) are not accepted.

Key words: Asses • Attitude • STD • AIDS

Introduction

The last years of the nineteenth century and the first part of the twentieth century witnessed considerable fear of sexually transmitted infection, not unlike that which we are experiencing today. In this age of antibiotics, it is easy to forget the fear and dread that syphilis invoked in the past. "Today, it is becoming the fashion to support, by law, the too common notion that the laboratory is infallible. Despite such objections, by the end of the World War II, virtually all the states had enacted provisions mandating premarital serologist. As these historical lessons make clear, in the context of fear surrounding the epidemic, the principal proposals for eradicating AIDS are unlikely to be effective, at least in the immediate future. In each instance we will need to fully consider their particular effectiveness as measures to control disease. Any successful approach to the epidemic will require a full recognition of the important social, cultural, and biological aspects of AIDS STD/AIDS is fatal illness which leaves the victim vulnerable to many life threatening opportunistic infections, neurological disorders or unusual malignancies. Living STD/AIDS is fatal illness which leaves the victim vulnerable to many life threatening opportunistic infections, neurological disorders or unusual Malignancies. HIV/AIDS not only hampers physical health but also mental and social wellbeing. HIV is not simply a virus that causes disease, but also a social stigma and historical event that impacts how others react towards people living with HIV/AIDS (Table 1 and Figure 1).

Since nursing students would become future practicing nurses and are most likely exposed to caring for people living with HIV/AIDS (PL WHA) during their training, it is of great importance to assess the knowledge, attitude, and practice of student nurses toward the reduction/ removal of HIV/AIDS-related stigma and discrimination. Malignancies. HIV/AIDS not only hampers physical health but also mental and social wellbeing. HIV is not simply a virus that causes disease, but also a social stigma and historical event that impacts how others react towards people living with HIV/AIDS. Nurses by their profession can serve the need of care both in hospital and home settings. Majority of patients who require palliative care approach from medical and nursing staff

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Received 10 August 2021; Accepted 24 August 2021; Published 31 August 2021

demand a basic training in for palliative care and understand the principle of symptom control. Every person has the right to live with dignity, so also a person affected with HIV/ AIDS. But there have been instances where PLHAs and/ or their children were denied schooling, medical care and treatment, employment. Nurses are in an ideal position to educate patients, families, and communities about HIV and how to prevent it. Nurses in all settings will be called on to provide care for patients with HIV infection. In doing so they encounter not only the physical challenge but also emotional and ethical concerns. AIDS is associated with controversies challenging legal and political systems as well as religious and personal believes. Many strategies have been used by nurse to cope with the stress associated with caring for AIDS patients. Palliative care education and provision of up to date information help to alleviate apprehension and prepare nurses to deliver safe, high quality patient care/ present students are future nurses. So, enhancing a thorough knowledge of palliative care for nursing students in their curriculum is essential [1-19].

Materials and Methods

A descriptive study approach and Cross sectional Descriptive design was used. The study sample size were selected from ten schools of nursing out of

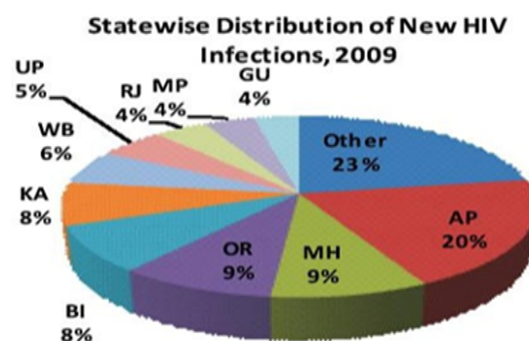


Figure 1. Routes of transmission of HIV, India, and 2011-12.

Table 1: Overall, 74.57 lakh STI cases were treated during 2011-12.

Epidemic Scenario (2009 estimates)	Total	Male	Female
Adult HIV Prevalence (%)	0.31	0.36	0.25
No. of PLHA	23,95,442	14,69,245	9,26,197
No. of CLHA	1,04,450		
No. of New Infections	1,20,668		
No. of AIDS related deaths	1,72,041		

300 schools of nursing available at Karnataka. In that III year diploma student alone consider as a samples based on the inclusion and exclusion criteria. The sample size of the present study compressed of 1000 from ten different schools of nursing. Each of four zones (e.g.: North, East, West & South) in Bangalore, Karnataka District. All 10 schools of nursing are run by private management Formal permission from the principal/ head of the institution was obtained after proper explanation regarding the study. Each school of nursing had different intakes, but among that only 80-100 students were selected in each school of nursing, meeting inclusion & exclusion criteria. Systematic non probability purposive sampling technique was adopted for the collection of data. Structure questionnaire format having two divisions Such as, section I – Demographic variables, section - ii Practice assessment tool, They provided separate room with all the facilities, so study went on comfortably. All ten institutions were well arranged and the schedule could be planned without any interruption. This also gave an opportunity for the investigator to assess the III year GNM student's level of knowledge, on STD/AIDS. The entire programme went on well with good co-operation from students as well as management along with all the nursing and non-nursing faculty members.

Inclusion Criteria

Student who were willing to participate at time of study. Students of III Year GNM students at selected school of Nursing in Karnataka.

Exclusion Criteria

Who were selected for pilot study not included. Assessment of Nursing Practice on STD/AIDS. To assess the nursing practice includes, dispose the syringe and needles, care of blood and blood products, dressing the wounds, toilet care and dispose the AID patient's dead body. The Practice assessment tool contain section-I, general attitude on STD/AIDS aspects. Section -II Patient attitude on STD/AIDS aspects. Section – III, Nurses attitude on STD/AIDS aspects and section -IV, Nurses Attitude towards Patients at Clinical on STD/AIDS.

Result and Discussion

Table 2, illustrate the distribution of GNM student Nurses' with percentage in overall nursing practice on STD/AIDS. Majority of the sample were 590 (59.0%) who had moderate level of practice. 342 (34.2%) had poor practice and the least was 68 (6.8%) that had adequate level of practice. The results revealed that they needed more clinical exposure to practice. Practice Score (Tables 3 and Table, Figure 2).

Table 4, illustrate the between association level of practice and their demographic variables. In the age groups 16 - 20 yrs 59.6% 26-30 yrs. 58.0% not much different among this (p=0.01**), male sex shows moderately high 67.1% (p=0.01**) marital status shows moderately high 61.1% (p=0.001***) and living in urban shows moderately high 64.2% (p=0.001***) the above results are highly statistically significant and were calculated using chi square test, and residential area of rural and remote shows more or less equal response with 53.9% and 53.

Table 5 shows the status of Association between level of practice and their clinical Experience Variables. Knows by Radio, 5 status of Association between n level of practice and their clinical Experience Variables Knows by Radio, News Paper, Magazine, Films, Friends, Doctors, 61.9% (p=0.001***), attend the training on AIDS by students 60.2% (p=0.001***), attended the training in non-Government institution 68.1% (p=0.001***), more than 2 days attended 68.1% (p=0.001***) and 2 months before attended 68.1% (p=0.001***) are having good practice and Statistical significance was calculated using chi square test (Tables 5 and Table 6).

Table 6, infers the influencing factors for more practice score .Age 26 -30 yrs. were good practice84.0% (p=0.01**), male sex were 75.7% (p=0.01***), come to know about AIDS through Radio, News Paper, Magazine, Films, Friends, and Doctors, 67.8% (p=0.001***) married people shows 77.8% (p=0.01***), living at urban area 75.4% (p=0.001***), 61.4% (p=0.001***) attend the training on AIDS programme. Attended the training on AIDS maximum in Non-Government Organization, more than 2 days training and 2 months before training attended are having more practice and equally 79.7% (p=0.001***) than others. The above information shows statistical significance.

Table 2: Overall level of nursing practice on STD/AIDS N=1000.

Level of Practice	No. of students	%
Poor	342	34.20%
Moderate	590	59.00%
Adequate	68	6.80%
Total	1000	100.00%

Table 3: Interpretation: Total score: 14 Minimum score=0, Maximum score=1.

S. No	Grade	Percentage	Score
1	Poor	0 -50%	0-7
2	Moderate	51 -75%	8-11
3	Adequate	76-100%	12-14

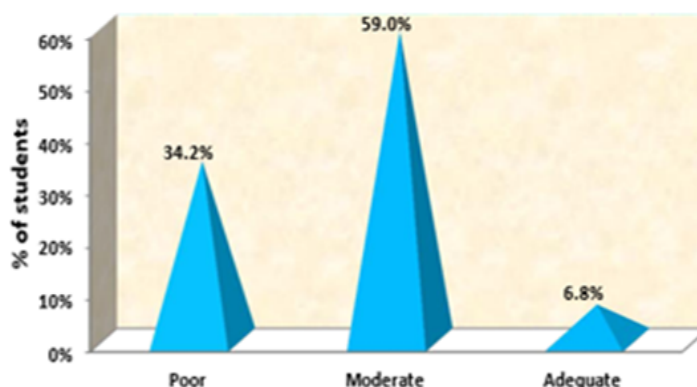


Figure 2. Frequencies and percentage distribution of level of practice on STD/AIDS among III yr. GNM students.

Table 4: Association between level of practice and their demographic variables N=1000.

		Level of practice						Total	Chi square test
		Poor		Moderate		Adequate			
		n	%	N	%	n	%		
Age	16 -20 yrs.	291	34.60%	501	59.60%	48	5.70%	840	
	21-25 yrs.	43	39.10%	60	54.50%	7	6.40%	110	x ² =18.15
	26-30 yrs.	8	16.00%	29	58.00%	9	18.00%	50	p=0.01**
Sex	Male	45	24.30%	124	67.10%	16	8.60%	185	x ² =8.06
	Female	297	36.40%	466	57.20%	52	6.40%	815	p=0.01**
Education	Diploma in nursing	342	34.20%	590	59.00%	68	6.80%	1000	x ² =0.00 p=1.00
Institution	Private	342	34.20%	590	59.00%	68	6.80%	1000	x ² =0.00 p=1.00
Category of nurse	Student nurse	342	34.20%	590	59.00%	68	6.80%	1000	x ² =0.00 p=1.00
Experience	Both	342	34.20%	590	59.00%	68	6.80%	1000	x ² =0.00 p=1.00
Type of family	Nuclear family	170	23.80%	480	67.10%	65	9.10%	715	x ² =3.10 p=0.21
	Joint family	172	60.40%	110	38.60%	3	1.10%	285	
Dietary pattern	Vegetarian	80	33.30%	140	58.30%	20	8.30%	240	x ² =1.18 p=0.55
	Non Vegetarian	262	34.50%	450	59.20%	48	6.30%	760	

*Significant at P:50.05
 **Highly significant at P:50.01
 ***Very high significant at P:50.001

Table 5: Association between level of practice and their clinical experience variable N=1000.

		Level of practice						Total	Chi square test
		Poor		Moderate		Adequate			
		n	%	N	%	n	%		
Hospital Current in training	Private sector	342	34.20%	590	59.00%	68	6.80%	1000	x ² =0.00 p=1.00
Department current working in	OBG in	252	41.30%	335	54.90%	23	3.80%	610	x ² =1.09 p=0.78
	Nursing	90	23.10%	255	65.40%	45	11.50%	390	
	Community health Nursing	90	23.10%	255	65.40%	45	11.50%	390	
Have you hear of the disease AIDS	Yes	342	34.20%	590	59.00%	68	6.80%	1000	x ² =0.00 p=1.00
If yes, where did you come to know of it?	Radio, News Paper, Magazine, Films, Friends, Doctors, Pamp	272	32.20%	523	61.90%	50	5.90%	845	x ² =22.24 p=0.001***
	Medical Journals Nursing Curriculum	48	48.00%	42	42.00%	10	10.00%	100	
	All	22	40.00%	25	45.50%	8	14.50%	55	
Have you seen on AIDS patient?	Yes	342	34.20%	590	59.00%	68	6.80%	1000	x ² =0.00 p=1.00
If yes, Have you nursed an AIDS patient?	Yes	342	34.20%	590	59.00%	68	6.80%	1000	x ² =0.00 p=1.00
Where did you nurse an AIDS patient?	Government Hospital	320	34.20%	555	59.30%	60	6.40%	935	x ² =4.08 p=0.39
	Private Hospita	15	37.50%	20	50.00%	5	10.00%	40	
	Community	7	28.00%	15	60.00%	3	12.00%	25	
Have you attended the training on AIDS?	Yes	300	32.60%	554	60.20%	66	7.10%	920	x ² =13.76 p=0.001***
	No	42	52.50%	36	45.00%	2	2.50%	80	
If Yes where did you attend the training on AIDS?	Govt- Organization	240	38.40%	353	56.50%	32	5.10%	625	x ² =36.03 p=0.001***
	Non Govt- Organization	60	20.30%	201	68.10%	34	11.60%	295	
Duration of the programme?	1 day	240	38.40%	353	56.50%	32	5.10%	625	x ² =36.03 p=0.001***
	More than 2 days	60	20.30%	201	68.10%	34	11.60%	295	
When did you attend the training Programme?	4 month before	240	38.40%	353	56.50%	32	5.10%	625	x ² =36.03 p=0.001***
	2 month before	60	20.30%	201	68.10%	34	11.60%	295	
What was the content of the programme?	General information on AIDS & Nursing care for AIDS patient	272	296%	590	64.10%	58	6.30%	920	x ² =0.00 p=1.00
Have you been evaluated on AIDS/STD?	Yes	215	34.40%	364	58.20%	46	7.40%	625	x ² =3.27 p=0.19
	No	85	28.80%	190	64.40%	20	6.80%	295	
Have you been supplied with any source/reference material>	Yes	272	29.60%	590	64.10%	58	6.30%	920	x ² =0.00 p=1.00
Do you think the training given to you is adequate to handle AIDS patient?	Partially ok	272	29.60%	590	64.10%	58	6.30%	920	x ² =0.00 p=1.00

*Significant at P:50.05
 **Highly significant at P:50.01
 ***Very high significant at P:50.001

Table 6: Association between level of practice and their clinical experience variables influencing factors for level of more practice N=1000.

Demographic variables		Level of Practice				N	Chi square test	OR with 95% CI
		Poor		Moderate/adequate				
		n	%	n	%			
Age	16-25 yrs.	334	35.20%	616	64.80%	950	c2=7.74 p=0.01**	2.8 (1.3 -6.0)
	26-30 yrs.	8	16.00%	42	84.00%			
Sex	Male	45	24.30%	140	75.70%	185	c2=8.06 p=0.01**	1.7 (1.2-2.5)
	Female	297	36.40%	528	64.80%			
Marital status	Single	322	35.30%	588	64.70%	910	c2=6.30 p=0.01**	1.9 (1.1-3.3)
	Married	20	22.20%	70	77.80%			
Residential area	Urban	130	26.00%	370	75.40%	500	c2=29.88 p=0.001***	1.6 (1.2-2.1)
	Rural	212	42.40%	288	47.60%			
If yes, where did you come to know of it?	Radio, News Paper, Magazine, Films, Friends, Doctors, Pamp	272	32.20%	573	67.80%	845	c2=9.79 p=0.001***	1.7 (1.2- 2.5)
	Medical Journals Nursing Curriculu	70	52.90%	85	47.10%			
Have you attended the training on AIDS?	Yes	300	32.60%	620	61.40%	920	c2=12.94 p=0.001***	1.9 (1. 3-2.7)
	No	42	52.50%	38	43.70%			
If Yes where did you attend the training on AIDS?	Govt- Organization	240	38.40%	385	61.60%	625	c2=29.75 p=0.001***	2.4 (1.7 – 3.4)
	Non Govt- Organization	60	20.30%	235	79.70%			
Duration of the programme?	1 day	240	38.40%	385	61.60%	625	c2=29.75 p=0.001***	2.4 (1.7 –3.4)
	More than 2 days	60	20.30%	235	79.70%			
When did you attend the training Programme?	4 month before	240	38.40%	385	61.60%	625	c2=29.75 p=0.001***	2.4(1.7 –3.4)
	2 month before	60	20.30%	235	79.70%			

**P<0.01 high Significant

***P<0.001 very high significant

Table 7: Identification of influencing factors for practice gain using multivariate logistic regression (N=1000).

	Univariate analysis		Multivariate analysis	
	p-value	Unadjusted or (95% CI)	p-value	Adjusted OR (95%CI)
Age (26-30 Vs. 16-25 yrs.)	0.01**	2.8(1.3-6.0)	0.01**	2.0(1.1-8.6)
Type of family(nuclear family vs. joint family)	0.01**	1.7(1.2-2.5)	0.01**	1.2(1.0-10.8)
Marital status(Married Vs. Single)	0.001***	1.9(1.1-3.3)	0.001**	1.3(1.0-7.8)
Residence (Urban Vs. <Rural)	0.001***	1.6(1.2-2.1)	0.05*	1.1(1.0-11.9)
Training on AIDS (Yes Vs. No)	0.001***	1.9(1.3-2.7)	0.01**	1.5.(1.2-12.2)
If yes, where did you come to know of it?(radio & others Vs. journal)	0.001***	1.7(1.2-2.5)	0.19	1.1(0.5-13.2)
If Yes where did you attended the training on AIDS (NGO Vs. GO)	0.01**	2.4(1.7-3.4)	0.16	1.1(0.4-8.8)
Duration of the programme(>2 days Vs. 1 day)	0.01**	2.4(1.7-3.4)	0.16	1.1(0.4-8.8)
When did you attend the training programme(2 month before Vs. before 4 months)	0.01**	2.4(1.7-3.4)	0.16	1.1(0.9-8.8)

Table 7, presented the Univariate analysis Elder, nuclear family, married, urban, radio, training on AIDS, non Govt organization, more than 2days training and 2months before training are significant factors for practice gain. Multivariate analysis of logistic identifies elder, male, married, urban and training on AIDS are influencing factors for getting more attitude gain score than others.

Conclusion

Overall level of Knowledge score among diploma nursing students. Considering knowledge 40.0% of the students are having inadequate knowledge, 54.5% of them are having moderate level of knowledge and 5.5% of them are having adequate level of knowledge Overall level of attitude score among diploma nursing students. Considering attitude 36.5% of the students are having inadequate attitude, 57.5% of them are having moderate level of attitude and 6.0% of them are having adequate level of attitude Overall level of practice score among diploma nursing students. Considering practice 34.2% of the students are having inadequate practice, 59.0% of them are having moderate level of practice and 6.8% of them are having adequate level of practice.

Funding

No funding sources.

Ethical approval

The study was approved by the Institutional Ethics Committee.

Conflict of Interest

The authors declare no conflict of interest.

Acknowledgments

The encouragement and support from Bharath University, Chennai is gratefully acknowledged. For providing the laboratory facilities to carry out the research work.

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How to cite this article: Bharathi, AR. "Assessment of Practice of GNM Students on STD/AIDS in Karnataka". *Adv Practice Nurs* 6 (2021): 218.